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INFORMATIONAL NOTICE

To: Enrolled Hospitals

Re: Billing Instructions for Outpatient Stem Cell Transplant Claims

This notice provides clarification for the billing of additional outpatient or inpatient services that occur during a patient's outpatient stem cell transplant period.

The outpatient stem cell transplant claim can only reflect the covered days associated with the outpatient transplant. If, during the transplant period, a patient requires outpatient or inpatient services not related to the outpatient stem cell transplant, then the claim for the outpatient transplant must show the day or days associated with these other services as non-covered. The non-related services may be billed separately.

Example: A patient's outpatient stem cell transplant began 02/01/03 and ended on 03/15/03. On 03/01/03, the patient went to the emergency room after experiencing chest pain and was admitted as an inpatient. The patient was discharged on 03/04/03. The emergency room visit and the inpatient stay were not related to the outpatient stem cell transplant.

Outpatient Stem Cell Transplant Claim Requirements For This Example:

- FL 4** Type of Bill should be a "131".
- FL 6** Report "From" and "Through" dates that identify the first day of treatment and the last day of treatment. In this example, the "From" date is 02/01/03 and the "Through" date is 03/15/03.
- FL 8** Non-covered Days. In this example, the entry is a numeric "3".
- FL 36** Occurrence Span (use code 74). Report the dates when the non-related Ambulatory Procedures Listing (APL) service was performed and the inpatient stay occurred. The occurrence span "From" date in this example is 03/01/03 and the "Through" date is 03/03/03.
- FL 42-48** Report only charges that pertain to the outpatient transplant.
- FL 81 (A-E)** Any **procedure** associated with a non-covered day **must not** be entered on the claim. List only the procedure codes associated with the outpatient transplant.

Hospitals are allowed to bill an outpatient claim for the outpatient emergency room visit, a fee-for-service claim for the services of a salaried physician in an outpatient department related to that emergency room visit, and an inpatient claim for the inpatient stay.

Any questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at (217) 782-5565.

Anne Marie Murphy, Administrator
Division of Medical Programs